

**249H.3 Definitions.**

As used in this chapter, unless the context otherwise provides:

1. “*Affordable*” means rates for payment of services which do not exceed the rates established for providers of medical and health services under the medical assistance program with eligibility for an individual equal to the eligibility for medical assistance pursuant to section 249A.3. In relation to services provided by a provider of services under a home and community-based services waiver, “*affordable*” means that the total monthly cost of the services provided under the home and community-based services waiver does not exceed the cost for that level of care as established by rule by the department of human services, pursuant to chapter 17A, in consultation with the department on aging.

2. “*Assisted living*” means assisted living as defined in section 231C.2.

3. “*Case mix reimbursement*” means a reimbursement methodology that recognizes the acuity and need level of the residents of a nursing facility.

4. “*Long-term care alternatives*” means those services specified as services under the medical assistance home and community-based services waiver for elder persons or adults with disabilities, elder group homes certified under chapter 231B, assisted-living programs certified under chapter 231C, and the PACE program.

5. “*Long-term care provider*” means a provider of services through long-term care alternatives.

6. “*Long-term care service development*” means any of the following:

a. The remodeling of existing space and, if necessary, the construction of additional space required to accommodate development of long-term care alternatives, excluding the development of assisted-living programs or elder group home alternatives.

b. New construction for long-term care alternatives, excluding new construction of assisted-living programs or elder group homes, if new construction is more cost-effective than the conversion of existing space.

7. “*Nursing facility*” means a licensed nursing facility as defined in section 135C.1 or a licensed hospital as defined in section 135B.1, a distinct part of which provides long-term care nursing facility beds.

8. “*Nursing facility conversion*” means any of the following:

a. The remodeling of nursing facility space existing on July 1, 1999, and certified for medical assistance nursing facility reimbursement and, if necessary, the construction of additional space required to accommodate an assisted-living program.

b. New construction of an assisted-living program if existing nursing facility beds are no longer licensed and new construction is more cost-effective than the conversion of existing space.

9. “*PACE program*” means a program of all-inclusive care for the elderly established pursuant to 42 U.S.C. § 1396u-4 that provides delivery of comprehensive health and social services to seniors by integrating acute and long-term care services, and that is operated by a public, private, nonprofit, or proprietary entity. “*Pre-PACE program*” means a PACE program in the initial start-up phase that provides the same scope of services as a PACE program.

10. “*Persons with disabilities*” means individuals eighteen years of age or older with disabilities as disability is defined in section 225B.2.

11. “*Senior*” means older individual as defined in section 231.4 and as defined under the PACE program pursuant to 42 U.S.C. § 1396u-4.

12. “*Senior living program*” means the senior living program created in this chapter to provide for long-term care alternatives, long-term care service development, and nursing facility conversion.

2000 Acts, ch 1004, §3, 22; 2000 Acts, ch 1232, §60; 2004 Acts, ch 1086, §49; 2009 Acts, ch 23, §56; 2009 Acts, ch 182, §91 – 93, 137